

Maine Parent Federation

P.O. Box 2067
Augusta, Me 04338
1-800-870-7746
www.mpf.org

Date: _____

Dear _____,

You contacted Maine Parent Federation on _____. We rely on feedback from individuals such as you to help improve our services. Please take a few moments to complete the applicable areas of the following survey and let us know how we are doing. The survey takes no more than 5 minutes to complete. All responses are confidential.

Technical Support:	YES	NO	N/A
The person who responded to my request was knowledgeable and supportive.			
The services I received were of high quality.			
The services I received were useful to me.			
The services I received were of high relevance (great importance) to me.			

Materials:	YES	NO	N/A
The materials I received are of high quality.			
The materials I received are useful to me.			
The materials I received are of high relevance (great importance) to me.			

We sent you the following materials:

- Information Packets
 Brochures
 Special Education Guide: 1 2 3 4 5
 Workshop Info
 Fact Sheets
 Special Education Regulations (Chapter 101)
 Library List
 Other: _____

Referral: We referred you to _____	YES	NO	N/A
Have you contacted the referral(s)?			
Was the referral(s) able to assist you?			

Contact:	YES	NO	N/A
Would you contact Maine Parent Federation if you needed information in the future?			
How many agencies did you contact before calling Maine Parent Federation? (circle one)	0 - 2	3 - 5	6 - 8

PARENTS, FOSTER PARENTS & FAMILY MEMBERS

Because of the information I received from Maine Parent Federation, I am:	YES	NO	N/A
more knowledgeable about how to work with my child's school.			
able to work with my child's school to address educational concerns or needs.			
able to discuss concerns with the school.			
able to get or change the services my child receives.			
able to partner with the school in decisions about my child's educational needs.			

PROVIDERS, EDUCATORS & PROFESSIONALS

Because of the information I received from Maine Parent Federation, I am:	YES	NO	N/A
more knowledgeable about how to work with families.			
more knowledgeable about how to involve families.			
able to build a working relationship with families.			
able to involve families in meaningful ways.			

- I would like a copy of the MPF newsletter sent to my email address below
- I would like to receive action alerts to my email address below
- Please send me information about the Family Support Navigator program
- Please send me information about MPF workshops
- Please accept my donation to MPF in the amount of: \$_____ Please send me a receipt
Please make checks payable to: Maine Parent Federation

I would like information on: _____

To receive the newsletter or to be added to action alerts please complete the following:

Name: _____ Phone: _____

Address: _____

Email: _____

Please print clearly

I am a: Parent Family Member Professional Other _____

Info about my child: Age: _____ Grade: _____ Gender: F M Disability: _____

Optional (Not Required)

Race:

- White
- Black / African American
- American Indian / Alaskan Native
- Asian
- Decline
- Other _____

Ethnicity:

- Hispanic
- Latino or Other Spanish Origin
- Not Hispanic
- Unavailable
- Decline
- Other _____

Language:

- English
- Spanish
- Somali
- Decline
- Other _____

Please call Maine Parent Federation at **1-800-870-7746** if we can be of further assistance or if you would like assistance filling out this survey. We welcome any suggestions to enable us to better serve families.

Please Return Completed Survey By _____.

Mail To:
Maine Parent Federation
Attention: Follow-Up Survey
PO Box 2067
Augusta, ME 04338-2067

www.mpf.org

Office Use Only				
A	B	C	D	E

I&R
 REGIONAL
 Initials _____